

Name
in
Full

Mrs Sarah E. Black

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Centerville Landing ^{County} Queen Anne

Date of death 1906 12 14 Age 67 Months 11 Days 29

Sex Female Color or Race white Birth-place Queen Anne Co Md

Occupation Lady Where Residing if not at place of death Place of death

Married, Single or Widowed married Name of Wife or Husband Capt C. H. Black

Father's Name Chas H Anderson Father's Birthplace Delaware

Mother's Maiden Name Mary E Jones Mother's Birthplace Delaware

Name of person giving information Capt C. H. Black How related to deceased Husband

CAUSES OF DEATH

Primary Progressive Paralysis How long 1 yr
Immediate Cardiac Paralysis How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

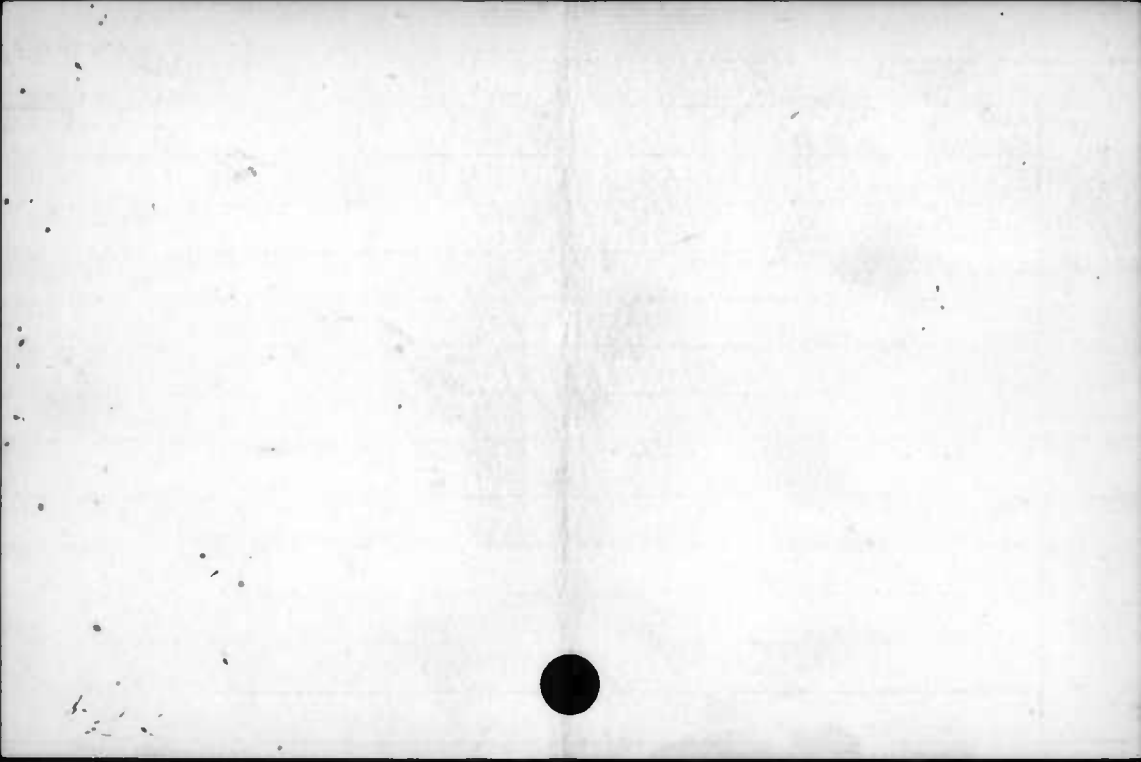
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charley Clough J.</i> <i>Chestertown</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death 190	<i>6</i> <small>Month</small>	<i>Dec</i> <small>Day</small>	<i>13</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth- place <i>Kent D.</i>		
Married, Single or Widowed —			Occupation		
Name of Wife or Husband —					
Father's Name <i>Charles E. Clough</i>			Father's Birthplace <i>Queen Anne Co.</i>		
Mother's Maiden Name <i>Sadie Schuyler</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving In formation <i>Cheney Clough</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Chas. E. Snyder</i>
	Address <i>Stevenson</i>
Accident or Suicide?	



Name

In
Full

James Horvath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neen Greenstun</u>		County <u>Green Annes</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>December</u>	Day <u>20</u>	Age <u>57</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Green Annes Co</u>		
Occupation <u>Farm Laborer</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emma Horvath</u>				
Father's Name <u>Edmund Horvath</u>	Father's Birthplace <u>Green Annes Co</u>				
Mother's Maiden Name <u>Went Known</u>	Mother's Birthplace <u>Went Known</u>				
Name of person giving information <u>James Horvath</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis (Hemiplegia)</u>	How long <u>Two weeks</u>
Immediate <u>Levin</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard R. Hopkins</u>
	Address <u>Greenstun</u>
Accident or Suicide?	<u>Maryland</u>



Name
in
Full

Melvin Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevensville</u> ^{Town}		<u>Q. A.</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Dec</u>	Day <u>26</u>	Age <u>5</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth- place <u>Kent Island, Md.</u>		
Married, Single or Widowed <u>Child</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Robert Green</u>			Father's Birthplace <u>Kent Island, Md.</u>		
Mother's Maiden Name <u>Alice Green</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving In formation <u>Robert J. Green</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Laryngeal Diphtheria</u>	How long <u>7</u> days
Immediate <u>Paralysis of Heart</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Percy Kemp</u>
	Address <u>Stevensville, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Lucy V. Tolson Legg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec.</i>	Day <i>29</i>	Age <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Island cld</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>James Archibald Legg</i>					
Father's Name <i>Charles E. Tolson</i>			Father's Birthplace <i>Kent Island cld</i>		
Mother's Maiden Name <i>Emma Anderson</i>			Mother's Birthplace <i>Baths, cld.</i>		
Name of person giving information <i>H.O. Legg</i>			How related to deceased <i>none</i>		

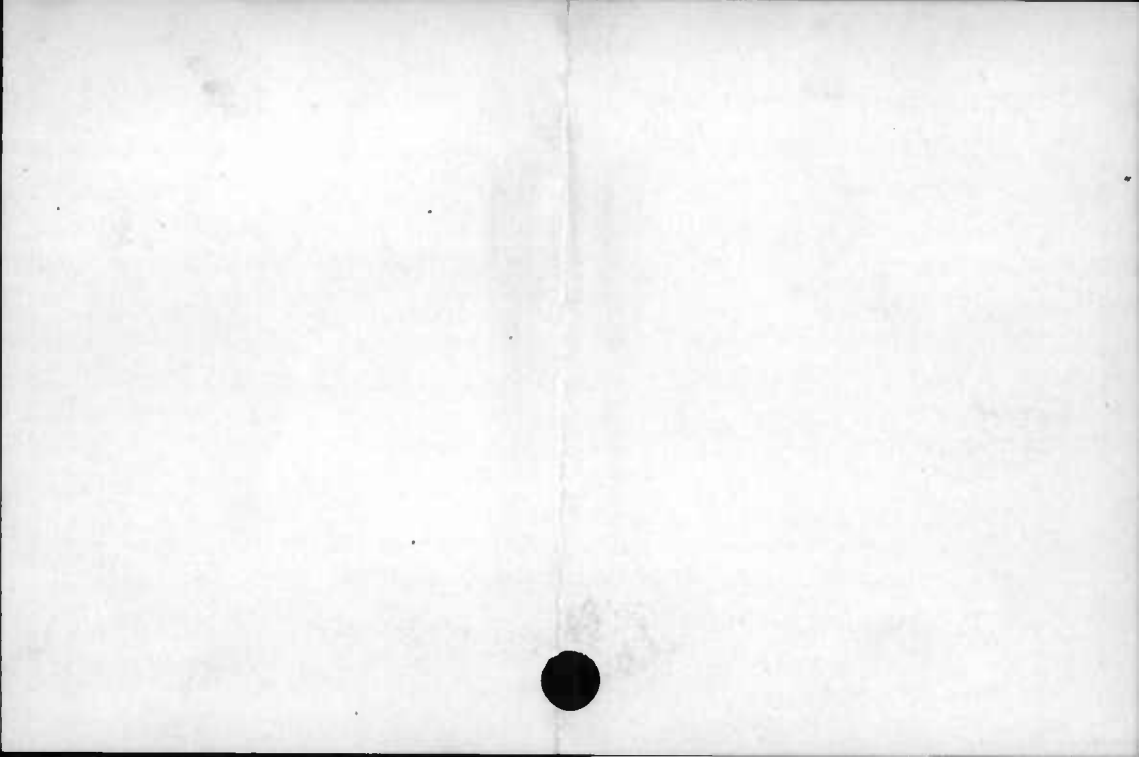
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Puerperal Fever</i>	How long <i>6 days</i>
Immediate <i>Septic Peritonitis Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yls</i>	Signature of Physician <i>Clancy Kemp</i>
	Address <i>Stevensville, cld.</i>
Accident or Suicide?	



Name in Full <i>Julia Macheers</i>		CERTIFICATE OF DEATH	
Died at <i>Mas Suddersville</i> Town <i>Furn</i> County <i>Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>2</i>	Age <i>9</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Red</i>	Birth-place <i>Ind</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Jos. Macheers</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Wannie Brown</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Wannie Macheers</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Convulsions</i>	How long <i>6 years</i>	<i>70</i>
	Immediate <i>" Saw child - one</i>	How long <i>24 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. W. S. Sudders</i>	
		Address <i>Suddersville</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

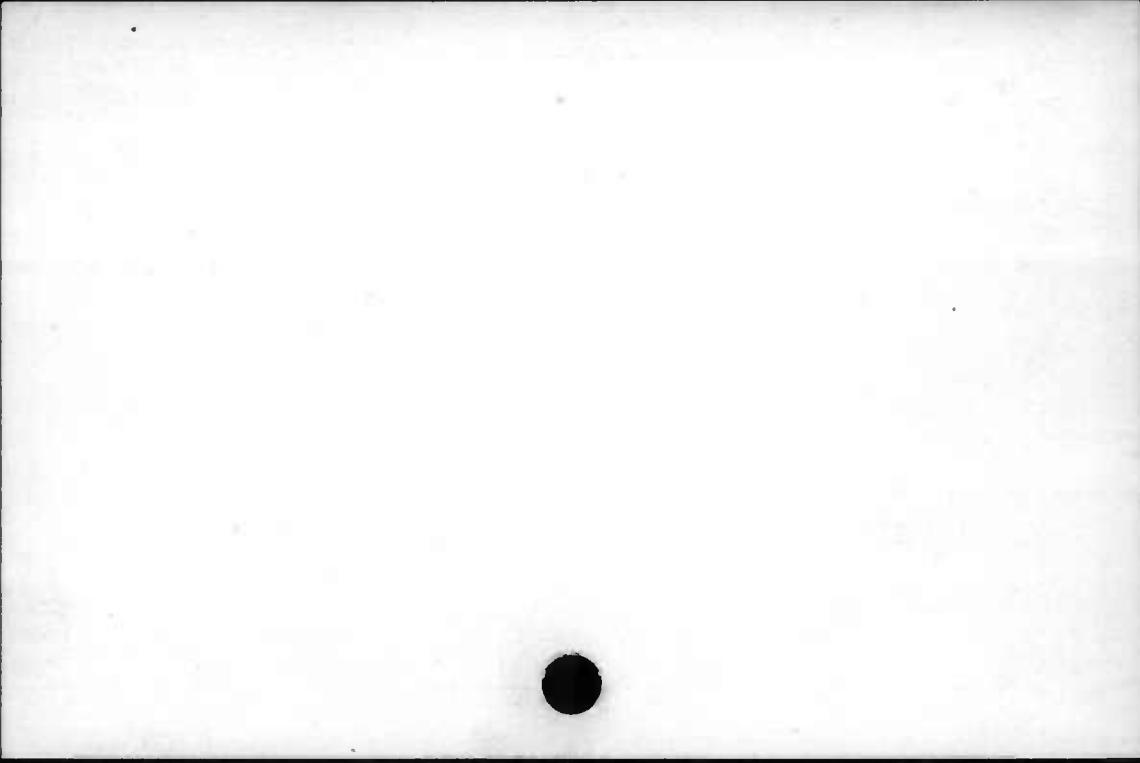
MARYLAND

Died at <u>Town</u> <u>Lebanonville</u> <u>County</u> <u>D.A. Co</u>			
Date of death	1906	Month	Dec.
	Day	19	Age
	Years	14	Months
	Days		
Sex	Male	Color or Race	Black
Birthplace	Washington		
Occupation	School boy		
Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	George Minor		Father's Birthplace
Mother's Maiden Name	Harriet A. Potts		Mother's Birthplace
Name of person giving information	George H. Minor		How related to deceased
			Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Erysipelas</u>	How long	<u>7 days</u>
Immediate	<u>Septic Infection</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm. H. H. H.</u>
		Address	<u>Lebanonville</u>
			<u>Queen Anne's St.</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Mary O. Minner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fords Store</i>		Town <i>Towson</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>I A. Co Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Isaac Minner</i>				Father's Birthplace <i>I A Co Md</i>			
Mother's Maiden Name <i>Ella Risley</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>—</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Respiratory Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Henry</i>
	Address <i>Stevensville</i>
	<i>Md</i>
Accident or Suicide? <i>—</i>	



Name
In
Full

Susan Stranahan

CERTIFICATE OF DEATH

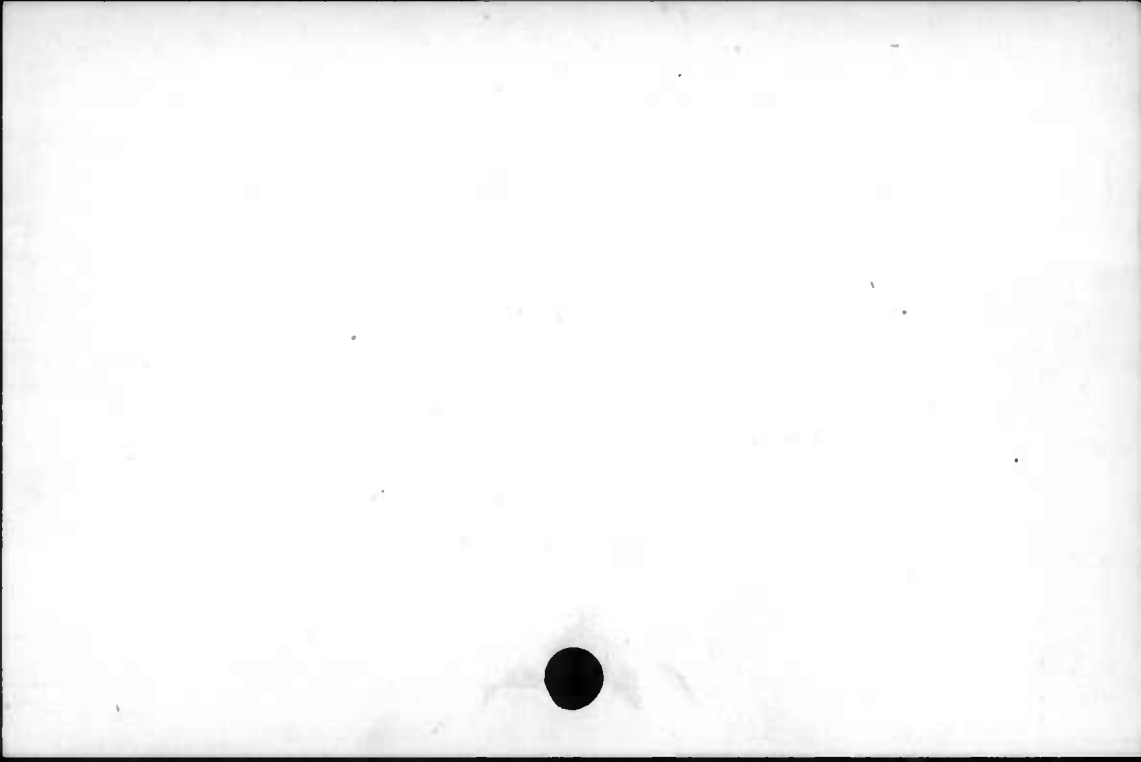
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perry Corner</u> Town		<u>2</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>19</u>	Age Years	Months <u>9</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Labo</u>		
Occupation _____			Where Residing if not at place of death <u>Perry Corner</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Mr. Albert Stranahan</u>			Father's Birthplace <u>Labo</u>		
Mother's Maiden Name <u>Minnie M. Callohan</u>			Mother's Birthplace <u>Labo</u>		
Name of person giving information <u>Mr. Albert Stranahan</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long <u>105</u>	How long <u>two months</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Rowland W. Ford</u>	
		Address <u>Queenstown Md.</u>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charleston

Town

I. Anne

County

MARYLAND

Date

of death 190

6

Month

12

Day

27

Age

Years

Leid at birth

Month

Days

Sex

male

Color or
Race

White

Birth-
place

Charleston, Md

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Lull

Father's
Birthplace

Anne Arundel Co

Mother's
Maiden Name

Lulu Horney

Mother's
Birthplace

Queen Anne's Co

Name of person giving
In formation

John Lull

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas. E. Snyder, M.D.
Kent Delmar, Md.

Accident or Suicide?

